

9/20/06 Final

**EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM**

Significant Compliance:

RD

RP

Facility#

WA8827

Passed? ☒ Y ☐ N

N 47.57154°
W 122.33089°

Inspection Date

7/29/09

Time

10:15 to 11:20

GPS Reading

W 122.33089°

Lead Inspector

Charlotte Bowling

Others

Cawlo Bertani (in train)

Facility Reps

Jennifer Kindred, Dave Lozier (Fleets & Facilities Dept)
John Pratt, Saylor

(* Credentials Presented)

Visual Documentation of Inspection:

☐ 35mm pictures☐ Video☒ Digital☐ Other

Waste Fluid Questionnaire:

☐ Completed☒ Not Completed☐ Not Applicable

Enforcement Actions Taken Onsite:

FNNC #

FC #

For \$

Verbal Warning for 40 CFR 280.

SBA Info Sheet Given? ☒ Y ☐ N

Enforcement Action Delayed for (Reason):

Facility Information

Location Name

Seattle City Light South Service Center

Owner

City of Seattle

Operator

Address (Loc/Owner/Op)

3613 Fourth Ave. S.

City

Seattle

State

WA

Zip

98134

Phone

(206) 386-1941 Jerry Briggs

Address (Loc/Owner/Op)

Jennifer Kindred, Seattle City Light 700 5th Ave Ste. 3316

City

Seattle

State

WA

Zip

98104

Phone

(206) 684-3499

Tank #	1	2	3	4	5	6
For Operator see p. 6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

FINANCIAL RESPONSIBILITY☒ Meets FR requirements?

SSC1 SSC2 SSC7

☒ All tanks covered or (check which tanks are covered)Type: ☐ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Stdby Trust ☒ LG Bond Rating Test ☐ LG Fin Test ☐ Other

Issuing Entity:

Dates Coverage:

7/2/09 - 7/2/10

In EPA Format? ☒ Y ☐ N**TANK STATUS**

Manifolded (M) or Compartmented (C) Tank?						
Status (circle): <input checked="" type="radio"/> CIU <input type="radio"/> TOU <input type="radio"/> POU	<input checked="" type="checkbox"/> All or					
Date installed:	<input type="checkbox"/> All or	3/89 →	12/05			
Tank cap (gal): 4,000	<input checked="" type="checkbox"/> All or					
Substance in Tank:	<input type="checkbox"/> All or	Gas →	Diesel			
Tank Material: BS CPS COM <input checked="" type="checkbox"/> FRP <input checked="" type="checkbox"/> DW ExL Lin <input checked="" type="checkbox"/> All or	<input checked="" type="checkbox"/> All or	FRP DW	COM			
Verified by: Visual Invoice Warranty Picture <input type="checkbox"/> All or	<input type="checkbox"/> All or	owners Corrosion according to Saylor	Glasteel according to Saylor			
Emergency Generator Tank(s)?	<input checked="" type="checkbox"/> All or	No	visually confirmed w/ labelling			
Piping Material: GS CPS <input checked="" type="checkbox"/> FRP <input checked="" type="checkbox"/> FlexP <input checked="" type="checkbox"/> DW <input checked="" type="checkbox"/> SecC <input checked="" type="checkbox"/> All or	<input checked="" type="checkbox"/> All or					
Verified by: <input checked="" type="radio"/> Visual Invoice Warranty Picture <input checked="" type="checkbox"/> All or	<input checked="" type="checkbox"/> All or					
Piping Type: Grav Pres <input checked="" type="checkbox"/> SafeSuc <input checked="" type="checkbox"/> U.S.Suc <input checked="" type="checkbox"/> All or	<input checked="" type="checkbox"/> All or					
Date last used:	<input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> All or					
Closure Status: Removed In-Place Chg-in-Svc <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> All or	<input checked="" type="checkbox"/> All or					

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

SITE SKETCH

West Seattle Bridge

← N

The diagram is a hand-drawn site sketch. At the top, a horizontal line represents the 'West Seattle Bridge'. Below the bridge, on the left, is a north arrow pointing left, labeled 'N'. The main area contains several circular symbols representing tanks or drums. On the left side, there are three small circles labeled 'Oil', 'Fuel', and 'Vapor'. In the center, there are three larger circles. The first is labeled 'Diesel', the second 'gas', and the third 'dust'. To the right of these circles is a rectangular structure with three 'X' marks inside, labeled 'gas diesel gas'. At the bottom, there is a large rectangular area labeled 'SHOP'. The entire sketch is enclosed in a simple rectangular border.

[illegible][illegible]

SITE SKETCH

West Seattle Bridge

Main Bldg.

SHOP

Oil Fuel Vapor Diesel Gas Dust

gas diesel gas

[illegible][illegible][illegible][illegible]

Tank #

1

2

3

4

5

6

RELEASE DETECTION - TANKS☒ Primary RD method present for ALL tanks & meets specific performance standards as stated in 280.43? ☐ NA☐ Manual Tank Gauging (MTG) ☐ All or☐ Tank Tightness Testing (TTT) ☐ All or

Last TTT date? _____ Passed? Y N

☐ Inventory Control (IC) ☐ All or☐ Vapor Monitoring (VM) ☐ All orSite Assessment? Y N ☐ All or☐ Ground Water Monitoring (GWM) ☐ All orSite Assessment? (i.e. 3'<gw<20') Y N ☐ All or☒ Automatic Tank Gauge (ATG) ☒ All or☒ Interstitial Monitoring (IM) ☒ All or☐ SIR ☐ All or☐ Deferred (Emergency Generators ONLY) ☐ All orTank primary RD method? IM ☒ All orWeekly check of ATG alarmIf TOU, does tank comply with RD requirements? Y N NA ☒ All or

Amount of Product in Tank: _____ Water: _____

Are hazardous substance USTs secondarily contained?

Y N NA ☒ All or**RELEASE DETECTION - PIPING**☒ Primary RD method present for ALL piping & meets specific performance standards as stated in 280.44? ☐ NA☒ ALLD (Pressurized Systems Only) ☒ NA (Suction) ☐ All orOn 3/2/09 NW Pump verified check valve at pumpDate of test: _____ ☐ ELLD or ☐ MLLDPiping RD Primary Method?: LTT Monthly NA ☐ All or☐ LTT Date of test: _____ ☐ All or☐ Monthly Monitoring Method: ☐ All orVM GWM IM SIR Sump Sensor Other _____ ☐ All or☐ Deferred (Emergency Generators ONLY) ☐ All or**RELEASE DETECTION COMPLIANCE**Release detection systems operating properly? Y N ☒ All or

If applicable, are there monthly monitoring records (for tanks and / or piping) for the 2 most recent months and 8 of the last 12 months?

Y N ☐ All orOf the last 12 months monitoring records, 8+2=10 were reviewed:Tanks (months) PASSED: 8+2=10 FAILED: 0 INVALID: 0Piping (months) PASSED: — FAILED: — INVALID: —All non-passing results resolved? Y N NA ☒ All orIf not resolved, was the implementing agency notified of a suspected release? Y N No release suspected NA ☒ All orIf equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NAFor? ATG SIR IM Sensors ALLD Other _____ In Compliance with Evaluation? Y NATG/IM/SIR Equipment Manufacturer/Vendor: Veeder-RootModel: TLS-350^W/CSP

ALLD Equipment Manufacturer (optional): _____

Model: _____

Have the summary from NWGLDE.Saybr says it was installed 5/23/06.NW Pump cert 3/2/09

TANK #

1

2

3

4

5

6

RELEASE PREVENTION - REPAIRS, CATHODIC PROTECTION & TANK LINING**Tank & Piping Repairs**

Any repairs to the UST system(s) being conducted or completed?

Y

N

☐ All or

If yes, were the repaired tank(s) and/or piping tightness tested within 30 days? (Note: Not required if repaired tank is internally inspected or if monthly monitoring is in use.)

Y

N

NA

☒ All or**Tank Lining**☐ Are any tanks internally lined?

Y

N

NA

☒ All or☐ Tank lining inspected and in compliance?☐ All or

Date of lining: _____

Date of PASSING internal inspection: _____

☐ All or**Cathodic Protection**☐ CP met on all tank(s) and piping, including metal flex connectors, swing joints, etc.?

Brawo boxes on the

☐ CP performing adequately based on testing results? --OR--

dispensers so cannot observe

☐ If CP is NOT performing adequately based on testing results, then was the CP system tested within the required period AND is the o/o now conducting or did the o/o complete the appropriate repair?

Piping ends.

Any repairs to the CP system being conducted or completed?

N

Y

NA

If repaired, was the CP system re-tested?

N

Y

NA

☐ CP on ☐ Tanks ☐ Piping ☐ Tanks & piping☐ All or☐ Impressed Current System☐ All or

Installation Date: _____ Set at _____ amps

☐ Last 3 (60-day) rectifier inspection records?☐ All or

System On? Y N Observed amperage of _____ amps

☐ Sacrificial Anode System☐ All or**Cathodic Protection Testing Frequency**☐ Was a 6-month CP test conducted after installation or repair (if applicable)?

Test Date: _____

☐ All orCovers: ☐ Tanks & piping ☐ Tanks ☐ Piping☐ Date of last CP test: _____☐ All orPassed? Y N Covers: ☐ Tanks & piping ☐ Tanks ☐ Piping☐ Date of previous test: _____☐ All orPassed? Y N Covers: ☐ Tanks & piping ☐ Tanks ☐ Piping**RELEASE PREVENTION - SPILL PREVENTION & OVERFILL PROTECTION**☒ Spill prevention devices present and functional?

Y

N

NA

☒ All or☐ Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)☐ Ball Float Valve - Operational?☐ All or☒ Flow Restrictor (Auto Shutoff) - Operational?☐ All or

Not observed

☒ Automatic Alarm

Operational and audible for delivery driver?

☒ All or

Sounded

☐ Spill / Overfill NOT Req'd (transfer ≤ 25 gallons)☐ All or

Inspector's Signature: _____

Date: 7/29/09

Notes:

◦ Jamie Kaiser of the City Seattle also keeps screenshots but not consistently. She has 6 of the last 12 months of CSID tank tests in a binder (see below).

◦ Operator:

City of Seattle

Point of Contact: Jamie Kaiser

805 S. Charles St.

Seattle, WA 98134 (206) 386-1159

◦ Owner is Seattle City Light according to Ms. Kindred
City Maintenance Weekly Log Records:

} Veeder-Root

Year	Month	Tank 1 / Piping 1	Tank 2 / Piping 2	Tank 3 / Piping 3	Tank 4 / Piping 4	Tank 5 / Piping 5	Tank 6 / Piping 6
09	July	M	M	M	P(CSLD)	→	→
	June	M	M	M	P(COLD)	→	→
	May	✓	✓	✓	M	→	→
	April	✓	✓	✓	P(CSLD)	→	→
	March	✓	✓	✓	P(CSLD)	→	→
	Feb	✓	✓	✓	P(CSLD)	→	→
	Jan	✓	✓	✓	P(CSLD)	→	→
08	Dec	✓	✓	✓	M	→	→
	Nov	✓	✓	✓	M	→	→
	Oct	✓	✓	✓	M	→	→
	Sept	Form used does not specifically state that the ATG is being checked. Form changed to state that starting in Oct 2008					→
	Aug.				M	→	→

For each tank and associated piping (if applicable), note whether the test result passed (P), failed (F) or was invalid (I). Also indicate if there are any records missing (M or "—"). If there are results for both tanks and piping for a particular month, state both results in the same box.